

**MENTAL AND
BEHAVIORAL
HEALTH****Mental Health
Screening**

All children entering foster care are required to have a mental health screening within 30 days of removal. The screening instrument must be completed by a person who knows the child best, before the child's Early Periodic, Screening, Diagnostic, and Treatment (EPSTD)/well child exam. This may be the child's biological parent, foster parent, caregiver, or other adult who is very familiar with the child. The mental health screening is also to be performed during initial and subsequent periodic or yearly well child exams. The Children Services Agency (CSA) recommends that a validated and normed screening instrument be used by the primary care provider for foster children. The following screening instruments are examples:

- The Ages and Stages Questionnaire - Social Emotional (ASQ-SE) for children up to age 5 1/2 years.
- The Pediatric Symptom Checklist (PSC), for children ages 5 1/2 years and older.

Verification that mental health screenings occurred must be documented on the EPSDT/Well Child Exam form or an equivalent approved form; see [FOM 801, Health Services for Children in Foster Care](#), and documented in MiSACWIS. Any mental health appointments must be documented as a Mental Health Appointment in the Health Screens of MiSACWIS.

NOTE: Although the ASQ-SE or PSC is recommended, the primary care provider may use another screening tool or screening method, such as surveillance, in which a tool is not used.

Caseworker Role

The caseworker's role in the mental health screening process includes the following:

- Provides a copy of the completed screening assessment to the primary care provider. The screening instrument must be completed by a person who knows the child best before the child's well child exam.

- Ensures the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form indicates a psychosocial/behavioral assessment was completed, or a behavioral health screening tool was utilized.
- Uploads all documentation in MiSACWIS, including but not limited to:
 - Completed screening tool(s), if applicable.
 - EPSDT/Well Child Exam forms.
- Completes the appropriate referral(s) for services if the primary care provider indicates a need for further evaluation or services. If the child has received services through a Community Mental Health Services Program (CMHSP) and/or the child's behaviors and doctor's screening indicate a possible serious emotional disturbance, an intake appointment with the CMHSP must be scheduled. If the child does not meet criteria for CMHSP, refer the child to the behavioral health division of the child's Medicaid Health Plan (MHP) for assessment and treatment; see [FOM 801, Health Services for Children in Foster Care](#).
- Contacts the child's mental health provider, Community Mental Health or the behavioral health division of the child's MHP to schedule an appointment for an assessment if a significant concern about a child's mental health or behavior arises between well child exams.
- Discusses the child's behaviors and any mental health concerns with the child's parents and foster parent at every monthly home visit; see [FOM 722-06H, Caseworker Contacts](#).

Early On Services and Assessment

Early On is Michigan's system for providing intervention to families of infants and toddlers, birth to age 3, who have developmental delays or are at risk for delays due to certain health conditions. Early On assists families in finding social, health, and educational services to promote the development of their infants and toddlers with special needs.

Early On emphasizes early identification and early referral to enhance the development of infants and toddlers with disabilities, to

minimize their potential for delay, and to recognize the significant brain development that occurs during a child's first three years of life.

Children's Protective Services (CPS) has policy and protocol for referring to Early On during an investigation; see [PSM 714-1, Post-Investigative Services](#).

After foster care receives a new case from CPS, the caseworker must check the status of the Early On referral and update the new worker's contact information, placement address, and contact information for placement. If there is not an active referral in the system, the caseworker must complete a new referral within 30 days of the initiation of the foster care case opening. Follow up on status of referral is available at www.1800earlyon.org.

MEDICAID HEALTH PLANS

MHP provide outpatient mental health visits for children with mild to moderate behavioral needs. A referral from the primary care provider is not required for these visits. The websites for each MHP list current behavioral health providers who can be contacted for appointments. If the MHP behavioral health provider determines the child's needs are greater than mild to moderate, the child must be referred to the Community Mental Health Services Program (CMHSP).

Every health plan is required to have a Community Health Worker. The Community Health Worker can work with the caregiver to identify and schedule an appointment with one of the MHP's therapists/counselors for necessary services. An appointment must be scheduled within 10 business days of the request.

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (CMHSP)

Community Mental Health Services Program (CMHSP) and the organization with which they contract provide a comprehensive range of services and supports to children, adolescents and adults with mental illness, intellectual and developmental disabilities and substance use disorders in all 83 Michigan counties. The CMHSP network provides 24-hour emergency/crisis response services, screens admissions to state facilities and psychiatric hospitals, and

acts as the single point of entry into the public mental health system.

CMHSP has an array of services and supports in the community for children and families. These services include but are not limited to:

- Psychiatric hospitalization.
 - Community-based freestanding psychiatric hospitals and psychiatric units in general hospitals.
 - Hawthorn Center is the only state-run hospital for children.
- Child and family therapy.
- Home-based services.
- Respite services.
- Wraparound services.
 - When a child or youth is receiving Wraparound services is placed in a CCI or Hawthorn, Wraparound support will continue for the youth and family for a period of up to 180 days for the purpose of ongoing planning to transition the child/youth back into the community. The primary focus of Wraparound services will be the development of a plan to transition the child/youth from the CCI or Hawthorn back to the community as soon as possible.
 - Children/youth who are in a CCI or Hawthorn and are not already receiving Wraparound services may be provided Wraparound services up to 180 days prior to discharge purposes of transitioning back to their home and community.
- Infant Mental Health services.
- Community living supports.
- Family support and training.
- Parent support partners.
- Medication management/psychiatric evaluation.
- Case management and supports coordinates.

- Youth peer support.

For more information and a description of services see the [Fostering Mental Health Website](#).

NOTE: When a child is denied or refused CMH services, please utilize the CMH Appeals Job Aid for further guidance. To locate the job aid, click [here](#).

Serious Emotional Disturbance (SED)

Serious emotional disturbance (SED) is a term used in reference to children under the age of 18 with a diagnosable mental health or behavioral problem that severely disrupts their ability to function socially, academically, and/or emotionally.

A determination of SED is made by the CMHSP, based on the child's functioning and measured using the Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), or the Devereux Early Childhood Assessment Infant/Toddler (DECA). An interview performed by a clinician with specialized training on the effects of trauma, loss, and prenatal substance exposure on children and adolescents is also completed. If a child is determined to have SED, a plan of service is developed and delivered through the CMHSP.

If the CMHSP determines that the child does not have SED, the CMHSP may identify community resources, and the caseworker must follow up with referrals.

Waiver for Children with Serious Emotional Disturbance (SEDW)

The Children's SEDW provides services that are enhancements or additions to the Medicaid State Plan coverage for children through age 20 who meet eligibility requirements. The SEDW enables Medicaid to fund necessary home and community-based services for children with SED who meet the criteria for admission to the state inpatient psychiatric hospital and are at risk of hospitalization without waiver services. Wraparound is a required service for the SEDW. A child in foster care is eligible for the waiver if all the following apply. The child:

- Is under the age of 18 at the time of the initial approval.
- Resides with his/her birth parent, a relative, or in a foster home that is willing to commit to caring for the child for at least one year.
- Has a primary Diagnostic and Statistical Manual of Mental Health Disorders (DSM) mental health diagnosis.
- Meets CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital.
- Demonstrates serious limitations that impair his/her ability to function in the community.

A \$50 daily rate is paid to foster parents/relative caregivers caring for a child in foster care on the SEDW; see [FOM 903-03 Payments for Foster Family/Relative Care](#)

Autism Spectrum Disorder (ASD)

Autism spectrum disorder is a life-long neurological disability that is characterized by significant social-communication and behavioral deficits. The severity of this disorder can vary greatly from one individual to another. The term spectrum refers to the range of social communication and behavioral deficits.

To learn more about the early signs of Autism Spectrum Disorder, visit <https://www.michigan.gov/autism/>.

The Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) is the screener for ASD that should be administered at the EPSDT exam at ages 18 and 24 months by the primary care physician (PCP).

If the M-CHAT-R shows concerns, the PCP will contact the Prepaid Inpatient Health Plan (PIHP) to refer for further evaluation. The PIHP will contact the child's parent/caregiver to arrange a follow-up appointment for a comprehensive diagnostic evaluation. This evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning using validated evaluation tools. CMHSP will conduct the evaluation and recommend a treatment plan for the child. The MHP will provide physical health care and potentially speech/occupational therapy if indicated and the CMHSP may provide Applied Behavioral Analysis

Services (ABA) and/or other CMHSP services to the child and family.

**Intellectual and
Developmental
Disability (IDD)**

Intellectual Developmental Disability means either of the following:

- If applied to an individual older than five years of age, a severe, chronic condition that meets all the following requirements:
 - Is attributed to mental or physical impairment or a combination of mental and physical impairments.
 - Is manifested before the individual is 22 years old.
 - Is likely to continue indefinitely.
 - Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
 - Results in substantial, functional limitation in three or more of the following areas of major life activities:
 - Self-care.
 - Receptive and expressive language.
 - Learning.
 - Mobility.
 - Self-direction.
 - Capacity for independent living.
 - Economic self-sufficiency.
- If applied to a child from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above.

Common examples of disabilities that may fall under this definition include intellectual disabilities, cerebral palsy, down syndrome, and autism.

The disability may be identified at a well child exam, by the school system, or by Early On with a recommendation for further evaluation. When a child has been referred for further evaluation the caseworker must instruct the caregiver(s) to initiate services through the CMHSP. After the evaluation, the CMHSP may add additional services that cannot be provided through Early On, the school system, or the MHP.

CMHSP may be able to provide the Habilitation Supports Waiver (HSW). The HSW is an intensive home and community based, active treatment and support program, designed to assist individuals with severe developmental disabilities to live independently with support in their community of choice. This program is designed as a community-based alternative to living in a group home.

Psychiatric Hospitalization

Psychiatric hospitalization is a short-term service that should be accessed when a child or adolescent presents a risk of harm to self/others that cannot be managed with community-based supports.

Pre-Paid Inpatient Health Plans (PIHP)/Community Mental Health Services Provider (CMHSP) are responsible for managing and coordinating Medicaid-paid psychiatric inpatient hospitalizations for children in foster care. The PIHP/CMHSP provides screening and authorization/certification of requests for psychiatric admission and continuing stay for inpatient services, defined as follows:

- Screening - the PIHP is notified of the child's mental health status and is provided enough information to make a determination for the most appropriate services. The screening may be provided on-site, face-to-face by PIHP/CMHSP personnel, or over the telephone (as determined by the PIHP/CMHSP).
- Authorization/Certification - The PIHP/CMHSP has screened the child and approved the services requested.

After authorization, the PIHP/CMHSP will arrange hospitalization for the child. Psychiatric hospitalization without PIHP/CMHSP authorization is not reimbursable through Medicaid; in such situations, county funds must be utilized for payment.

Refer to the [Map of the Community Health Services Programs](#).

The caseworker's role and responsibility when a child is in a psychiatric hospital is:

- Daily contact with the hospital on workdays for the first 30 days. Information being exchanged should cover:
 - Treatment Progress.
 - Discharge planning, including any change in placement or complications to a successful discharge.
- Notification to the foster care Psychotropic Medication Oversight Unit (PMOU) if the child is prescribed psychotropic medication while hospitalized. The PMOU hotline number is 1-844-764-PMOU (7668).

NOTE: When a child is at risk of psychiatric hospitalization, please utilize the Psychiatric Hospitalization Job Aid for further guidance. To locate the job aid, click [here](#).

Infant Mental Health

Infant mental health services are available to promote the social and emotional well-being of infants, toddlers (up to age three) and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships in early infancy, reducing the risk of delays or disorders and enhancing enduring strengths.

Infants and toddlers that are targeted to receive infant mental health services are vulnerable to multiple factors that place them at risk for developing a variety of emotional, behavioral, social, and cognitive difficulties. Warning signs for potential social-emotional concerns in infants and toddlers are listed in the table below.

WARNING SIGNS FOR A POTENTIAL SOCIAL-EMOTIONAL CONCERN

<i>Infant (0-12 months)</i>	<i>Toddler (1-3 years)</i>
<ul style="list-style-type: none"> • Resists holding. • Is difficult to comfort or console; has prolonged inconsolable crying. • Has sleeping or eating difficulties (sleeps or eats too much or too little). • Meets failure to thrive criteria. • Rarely seeks or makes eye contact, or typically avoids eye contact with parents. • Appears unresponsive to efforts to interact or engage. • Rarely coos, babbles, or vocalizes. • Has limited ability to regulate emotions. 	<ul style="list-style-type: none"> • Shows little preference for or excessive dependence on the parent(s) or other primary caregiver(s). • Does not show any apprehension about strangers. • Appears excessively irritable or fearful. • Has an inappropriate or limited ability to express feelings. • Lacks interest or curiosity about people or play. • Fails to explore his or her environment. • Often appears sad and withdrawn. • Inappropriate sexual, impulsive, or aggressive behavior. • Excessive fears that do not respond to reassurance. • Experiences frequent night terrors. • Extreme and frequent tantrums. • Experiences significant language delays. • Exhibits unusual need for order or cleanliness.

Detailed information on the social-emotional development of young children can be found at: [Social Emotional Development in Young Children Guide](#).

Infant Mental Health Referrals

Infants and toddlers displaying signs of social-emotional delays must be referred to a local CMHSP to be evaluated for infant mental health services. Referrals must also be made in the following scenarios:

- Upon receipt of the well-child exam (if concerns are noted).

- Within 14 calendar days of a child's second (or more) placement change.
- Within 14 calendar days of a request from the foster parent/birth parent for evaluation.

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities. Often a person with FASD has a mixture of these problems. FASD is not a diagnostic term.

Caseworker Role in FASD

Caseworkers are expected to consider the possibility of FASD in children who present with behavioral or other types of problems that impact daily functioning. Conventional treatment for some behavioral problems may be ineffective for children with FASD. Without proper intervention, birth families and other caregiving families may struggle to maintain these children in their homes.

The caseworker may consider the possibility of FASD by observing the child, reviewing the child's medical history, and reviewing the FASD identifiers listed below. If the results of a pre-screening for FASD contain two or more of the three identifiers listed below (and are not associated with another known syndrome) and include the presence of 3 or more physical/behavioral markers, the child **must** be referred for a full FASD diagnostic evaluation.

The FASD identifiers include:

- Prenatal maternal alcohol use.
- Physical markers:
 - Difficulty with eating/feeding (i.e. trouble sucking, considered a picky or slow eater).
 - Difficulty falling asleep AND staying asleep.
 - Speech problems and/or language delays.

- Behavioral markers:
 - Difficulty with paying attentions.
 - Impulsivity.
 - Difficulty with verbal receptivity.
 - Overreacting to minor problems.
 - Difficulty with reasoning and judgment.
 - Acts younger than children the same age.

Full FASD diagnostic screenings are available at one of the Michigan Fetal Alcohol Syndrome assessment centers. For further information see [Fetal Alcohol Spectrum Disorders](#).

Results of the FASD review by the caseworker must be included when requesting a pre-10 waiver for placement of children less than 10 years old in residential or other institutional settings; see [FOM 915A, Child Welfare Continuum of Care - Program Requirements](#).

MDHHS CONTRACTED BEHAVIORAL HEALTH SERVICES

Mental health services for children under the supervision of MDHHS are provided by either the MHP behavioral health services (for mild to moderate) or CMHSP (for serious emotional disturbance, autism spectrum disorder, intellectual or developmental disabilities). MDHHS also contracts for some behavioral health services that are not covered by Medicaid.

Treatment Foster Care (TFC)

Treatment foster care is a placement option for children supervised by MDHHS who are diagnosed with SED and require an expertly trained foster home setting to meet their behavioral health needs. This service is not available statewide. Check current availability at: [Treatment Foster Care Contractors](#).

Referrals for TFC are completed in MiSACWIS in the Placement Exception Request (PER) screens. The county director is the final approval for these placements. TFC PERs must be completed quarterly; see [FOM 903-3, Payment for Foster Family/Relative Care](#).

**Comprehensive
Trauma
Assessment**

A comprehensive trauma assessment is an in-depth assessment of the impact of trauma a child has experienced; how the trauma impacts the relationship with the child's caregivers and the child's functioning; and recommendations for services or community supports for the child and family in order to heal and remain stable in the home setting. The purpose of assessment is to obtain clinical recommendations to guide caseworkers in developing case plans to assist the child and family with addressing identified trauma, behaviors, and diagnoses that meet clinical criteria. These assessments are not intended to provide answers to best interest decisions (such as permanency, parenting time or placement). Best interest decisions should be made by the caseworker based on a holistic review of the child's case and following supervisor discussion and support.

Note: Local office practice may require additional screening.

Staff must utilize the appropriate Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist based on the age of the child, 0-5 or 6-18 years of age. Caseworkers are required to administer the Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist to each child victim involved in an ongoing CPS or foster care case according to the following timeframes:

- Within 30 days of case opening.
- When a Category 1 Children's Protective Services (CPS) cases transfers to foster care.
- Within 180 days of the initial screening.
- Prior to case closure.

The score of the Trauma Screening Checklist will determine if a referral for a Mental Health Assessment or a Comprehensive Trauma Assessment is necessary. Referral for Mental Health Assessment/treatment and/or Comprehensive Trauma Assessments are not intended as standard practice for every child, and should be based on the following:

TOTAL SCORE (Endorsements)	Recommended Action
0-3	No referral required based only on results of the Trauma Screening Checklist. Determine appropriate next steps for case planning on an individual basis.
4-5	Make a referral for the child to be address for mental health services. For children receiving Medicaid, refer to local Community Mental Health (CMH) or Medicaid Health Plan (MHP) behavioral health providers.
6-10	Convene team to discuss current services the child may be receiving, including mental health services. If the child is not making progress, consider making a referral for a Mental Health Assessment from current therapist or local CMH that incorporates trauma exposure and impact.
11+	Convene team to discuss current services the child may be receiving including mental health services. If the child is not making progress, consider making a referral for an assessment and determine appropriate type of assessment: Mental Health or Comprehensive Trauma. Section 1 on the Trauma Screening Checklist must have at least one trauma exposure identified to refer for a Comprehensive Trauma Assessment.

Referrals for comprehensive trauma assessments should be made if:

- Residential placement is being considered for a child because of disrupted community placements due to child's behavior.
- Recommended by a mental health clinician or doctor.

When determined that a child should be referred for a comprehensive trauma assessment, the caseworker must complete the DHHS-5594, Trauma Assessment Referral/Invoice, and attach all supporting documents. The county director is the final approver and assigns a contractor to the referral based on the contractor

rotation for the county's region. The caseworker must enter a case service into MiSACWIS and upload the MDHHS-5594 and supporting documentation into the document section of MiSACWIS. The caseworker must route the case service to supervision for approval. The caseworker also must send the completed referral packet to the assigned contractor. The contractor must complete all related contract activities and send the completed report to the referring caseworker within 75 calendar days of the date the completed referral was sent to the contractor. The contractor must meet with the caseworker and all team members (parents, caregivers, mental health clinicians, etc.) within 30 days of assessment completion to review findings and recommendations. The caseworker must ensure that recommended services and action steps identified in the *Comprehensive Trauma Assessment Report* are implemented.

The established rate for the comprehensive trauma assessment is \$1850. The contractor must complete the appropriate section of the MDHHS-5594 and send it, along with the report, back to the caseworker. The caseworker must go into the previously added case service and add the date the report was received as the completion date. The caseworker must route the case service to supervision for approval. Supervision must complete the approval process for payment in MiSACWIS in order for a payment to be issued to the contractor. The payment must be entered and approved within 10 business days of receiving the MDHHS-5594 from the contractor.

Ancillary Services

Ancillary services are specific activities performed by a contractor that are necessary to complete a *Comprehensive Trauma Assessment* or other contracted assessment service or provide counseling services. Ancillary services may be requested at the time of the referral or at a later time if needed. All ancillary services must be pre-approved by the caseworker and supervisor on the MDHHS-5599, Ancillary Service Approval Form.

The following activities may be reimbursable ancillary services depending on the type of contracted service, which are indicated on the MDHHS 5599:

- Review additional documents exceeding 10.

- Partial assessment completed but cannot be completed due to client refusal or caseworker determined not needed.
- Prepare duplicate original hard copy report with signature.
- Conduct an additional parent/child relationship assessment.
- Perform off-site services or observation (youth detention facility, jail, home, residential facility, prison, MDHHS, PAFC, school, etc.); to include travel time.
- Attendance at a Family Team Meeting (FTM) or other meeting requested by caseworker.
- Appearance for court-ordered testimony and court refuses to pay witness fee (must have written documentation).
- Prepare for and travel to and from court ordered testimony

Psychological Evaluations

A psychological evaluation must be obtained from a local provider (MCL 722.954c(4)) for any child who has suffered sexual abuse and/or severe physical abuse, mental illness, or is the alleged victim of human trafficking.

A psychological evaluation may include the following:

- The reason the testing is requested.
- Review of prior diagnostic testing, current and past treatment records.
- Clinical interviews with the child and adult informants.
- Test/assessment results including IQ, adaptive functioning, achievement, and others as necessary.
- Diagnosis and needs.
- Recommendations to address the needs.

The evaluation must be conducted by a licensed mental health professional or a licensed social worker who is trained in children's assessment. For children ages two and younger, a developmental assessment will suffice. The results of the evaluation must be

incorporated into the narrative of the permanent ward service plan. The costs for such assessments are the responsibility of the MDHHS; see [FOM 903-09, Case Service Payments](#).

Note: Psychological evaluations are not contracted.

Documentation of Assessment Services

Assessment services, such as comprehensive trauma assessments or psychological evaluations, regardless of the provider, must be documented in the appointment tab of the health profile in MiSACWIS and the assessment report must be uploaded in MiSACWIS; see [Entering Frequent, Ongoing, Appointments into MiSACWIS](#).

Child Caring Institutions (CCI)

Child Caring Institutions (CCI) are facilities organized for the purpose of receiving minor children for care, maintenance, and supervision, usually on a 24-hour basis, in buildings maintained by the institution for that purpose, and operate throughout the year.

When children cannot be supported in a community-based setting, placement in a CCI may be considered. MDHHS contracts with CCIs to provide residential placement based on a child's individual needs that include:

- General Residential: A child presenting risk at home, school or in the community.
- Developmentally Disabled Cognitively Impaired (DDCI): A child with significant adjustment problems at home, in school or in the community as a result of SED with or without substance use, or dependence symptoms with cognitive impairment or developmental disability with emotional impairment and behavioral concerns that cannot be addressed in a less restrictive placement
- Substance Abuse: A child experiencing substance use disorder with a significant impairment in an area of functioning.
- Sexually Reactive: A child who has been exposed to sexualized awareness via sexual abuse or exposure to

sexualized materials and is suffering from the impact of child sexual abuse. This may include sexual addiction/compulsivity (such as internet addiction), Post Traumatic Stress Disorder (PTSD), and/or other psychological or physiological effects of abuse and trauma such as anxiety and anger.

- **Mental Health and Behavioral Stabilization:** A child currently experiencing or with a history of active unstable symptoms which may include: severely aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The child is non-compliant with and/or not stabilized on medication. The child has a high risk of serious self-harm and aggression. The child has a lack of intact thought process.
- **Mother/Baby:** The Mother/Baby Program is available to youth ages 13 and older who are pregnant and/or parenting and the youth's infant/toddler. The contractor shall have the ability to serve both pregnant and parenting youth and the youth's infant/toddler(s).

For both CCI and Hawthorn Center placements, mental health services initiated by the PIHP (the case needs to be open to the PIHP/CMHP) may be provided within the designated timeframes:

- **Assessment of a child's needs for the purpose of determining the community-based service necessary to transition the child out of a CCI or Hawthorne Center.** This should occur up to 180 days prior to the anticipated discharge from a CCI or Hawthorn Center.
- **Wraparound planning, case management or supports coordination.** This should occur up to 180 days prior to discharge from a CCI or Hawthorn Center.

When a child in foster care is not making progress with community-based programming and residential placement is being considered, the process for request and approval is outlined in [FOM 722-03 Page 27](#) and in FOM [912](#), [912-1](#), [912-2](#), [912-3](#), [912-4](#), and [912-5](#).

**CONTRACTED
COUNSELING
SERVICES****Fair Market
Counseling**

Counseling services may be utilized by CPS, foster care, juvenile justice, or direct support service for families including those who do not have Medicaid or another medical insurance.

For children in foster care, counseling should be obtained through the MHP or CMHSP. An exception to the use of MHP or CMHSP may be provided to a child in foster care or juvenile justice by a mental health provider under contract with MDHHS (known as fair market contractor), under one of the following circumstances:

1. The specific type of therapy is recommended by a mental health/trauma assessment and required to address mental health needs of the child and the therapy is not available through the MHP's behavioral health services (for mild to moderate needs) or through the CMHSP (for SED).
2. Therapy was established with a fair market counselor while the child's case was monitored by ongoing Children's Protective Services (CPS) or prior to removal from the home. Decisions regarding continued service from the fair market counseling contractor are based upon:
 - The child's relationship with the counselor.
 - The success of the intervention.
 - The need for a specific therapy approach not available through the MHP or CMHSP.
 - The therapist's role in the reunification or permanency plan. Consider the therapist's collaboration with the birth parent's therapist or other professionals and determine if a change might affect the forward momentum of the plan.

If one of the above circumstance apply, a MDHHS-1556, Behavioral/Mental Health Exception Request, must be completed to provide a documentation of the need for fair market contracted counseling services for children in foster care. The MDHHS-1556 must be completed by the caseworker, authorized by the supervisor

and uploaded in the medical section of the child's case file in MiSACWIS.

Referral Process for Contracted Counseling

Note: Within this section of the manual, the term client refers to either the child in foster care or the parents/caregivers that are part of the reunification household.

The child welfare caseworker, in consultation with his or her supervisor, determines the client's eligibility for services. MDHHS foster care monitors must approve referrals from private agency foster care workers and supervisors. To be reimbursed by MDHHS, a counseling contractor cannot accept referrals from any source other than MDHHS. Counseling contractors can be found at [Counseling Services](#).

When it is determined that counseling services are necessary and the client is eligible, the referral process requires the following steps from the caseworker:

- Contacts the counselor/therapist to discuss the referral and document in the social work contacts.
- Receives confirmation that the counselor agrees to provide counseling services with the client.
- Completes the DHS-880, Child Welfare Counseling Services Referral.
 - The period of eligibility and number of counseling units must be listed.
 - No more than 12 units may be initially authorized.
 - Obtain supervisor signature.
- Sends the DHS-880 to the counselor and documents in social work contacts.
- Files a copy of the referral in the child's case file.
- Documents discussion of the client's circumstances and preliminary goals and objectives with the counselor within social work contacts in the case service plan.

Counseling services cannot begin until the counselor receives the appropriate referral form and approvals.

Any extensions for continued service must be in writing, listing the number of counseling units authorized and the dates that the service is authorized. Extensions must be signed by the referring caseworker, the supervisor, and approved by the county director on the MDHHS-880.

Ineligible Services

The following services are not counseling services for children in foster care and their families:

- Parenting classes: for example, Love and Logic
- Anger management classes.
- Work preparation/readiness classes.
- Independent living classes.
- Counseling services for children in foster care under the supervision of the placement agency foster care (PAFC) provider.
 - The placement agency foster care provider is responsible for the cost of counseling services for youth in foster care under their supervision.
 - MDHHS does not provide counseling referrals for placement agency foster care supervised foster care youth.

Service Delivery Requirements

Within 10 business days of receipt of a written referral from MDHHS, an initial session shall occur between the counselor and client. This initial session shall assess the client's:

- Current circumstances and view of the presenting concern.
- Developmental history, family structure, support system and employment.
- Physical health, emotional and mental status.

MDHHS-840, Counseling Services Assessment and Treatment Plan Report

The MDHHS-840, Counseling Services Assessment and Treatment Plan Report, provides ongoing client information and progress updates to the caseworker. The MDHHS-840 is:

- Completed monthly by the counselor.
- Submitted to the caseworker within 10 business days following the end of each month.
- Inclusive of client progress made toward treatment objectives and indicative of any changes made in the treatment plan.
- An opportunity for the caseworker to closely monitor the client's progress or lack of progress with the service and provide feedback to the client.

Within 10 business days of the initial session with the client, the counselor submits a MDHHS-840 to the referring MDHHS caseworker. The report must address:

- Record of client sessions kept and missed appointments.
- Phone or other case contacts.
- Individual and/or family assessment.
- Working diagnosis, if applicable.
- Identified concerns.
- Client strengths.
- Specific objectives and time frames. The objectives listed in the counselor's treatment plan shall be:
 - Behaviorally-based and measurable.
 - Reflective of the interventions and strategies employed to achieve the overall goals of the counseling treatment sequence.
 - Developed by the counselor with the client and in consultation with the referring caseworker.

**Termination of
Contractor
Counseling
Services**

When counseling services are terminated, the counselor shall complete a MDHHS-841, Counseling Services Termination Summary. The summary is submitted to the caseworker no later than 10 working days following termination of services. The MDHHS-841 report addresses the following:

- Diagnosis at termination.
- Treatment summary.
- Objectives and progress towards objectives.
- Total number of sessions offered to the client.
- Number of sessions attended.
- Cooperation in treatment.
- Reason for closure.
- Recommendations.

**Monitoring Service
Provision**

Ongoing communication between the caseworker and the counselor provides the best assurance for a good working relationship and effective service for the referred client. The caseworker must keep the counselor informed of significant case developments, court hearings, permanency case conferences, changes in caseworkers, address changes, or upcoming case closure.

In monitoring the provision of services, the caseworker must review reports submitted by the counselor to ensure:

- All information listed in the service delivery section is included.
- The report is specific to the client and reflects updated information.
- Other contract requirements such as the following are addressed:
 - Did the counselor contact the client within three working days of a missed appointment?

- Did the counselor notify the caseworker by phone each time two consecutive appointments were missed?

**Contracted
Counseling
Service
Noncompliance**

Each contractor signs a CM-F910, Counseling Services Contract, that outlines the counselor's responsibilities, including the services to be delivered. If a counselor is not meeting the requirements, the following action(s) must be taken:

- The caseworker contacts the counselor, discusses the concerns, and documents the contact in the social work contacts.
- If the counselor does not address the concerns, the caseworker notifies his/her supervisor, in writing, of the issue.
- The supervisor or designated local office contract monitor reviews the caseworker's concerns and submits a written complaint to the local office director. The complaint must include:
 - The name, address, phone number and contract or provider number of the counselor.
 - A narrative explaining the specific contract violation and a chronology of attempts to work with the counselor to rectify the concern.
- The local office director submits the written complaint outlining the details of any action taken to date to the assigned business service center analyst.

**Required
Counseling**

MCL 722.954c(6) states that the supervising agency shall provide, in addition to any reunification, adoption, or other services provided to a child under the supervising agencies care, counseling services appropriate for minor victims of human trafficking.

**Documentation of
Counseling
Services**

Counseling appointments for children in foster care, regardless of the provider, must be documented in the appointment tab of the health profile in MiSACWIS for ongoing, regular appointments. See the job aid, [Entering Frequent, Ongoing, Appointments into MiSACWIS.](#)